



TERO SKILLS BANK APPLICATION

Tribal Employment Rights Office

PO Box 1467

Hoopa, California 95546

(530) 625-4227 • Fax (530) 625-4313

DATE OF APPLICATION: _____

TELEPHONE NUMBER: () _____

MESSAGE NUMBER: () _____

LAST NAME

FIRST NAME

MI

SOCIAL SECURITY NUMBER

MAILING ADDRESS:

CITY

STATE

ZIP CODE

IN CASE OF EMERGENCY NOTIFY:

RESIDENCE PHONE

BUSINESS PHONE

ARE YOU UNDER 18?

☐ YES ☐ NO

ARE YOU OVER 70?

☐ YES ☐ NO

ARE YOU LEGALLY ELIGIBLE

FOR EMPLOYMENT IN THE U.S.? ☐ YES ☐ NO

Do you have a valid CA Drivers License? ☐ YES ☐ NO

LICENSE # _____ OTHER # _____ (STATE)

LIST ENDORSEMENTS: _____

CLASS: A ☐ B ☐ C ☐

Are you a Hoopa Tribal Member (enrolled)? ☐ YES ☐ NO

If you are not a Hoopa Tribal member, Are you claiming Indian Preference? ☐ YES ☐ NO

If yes, what is the name of the tribe you are enrolled in and your roll number: _____
(We require that you provide us with a copy of your enrollment verification, i.e., Tribal I.D. Card, Letter from Enrollment Officer)

DO YOU HAVE ANY PHYSICAL CONDITIONS WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? ☐ YES ☐ NO
If yes, give limiting conditions: _____

PAST EMPLOYMENT HISTORY Please list your employers starting with your most recent employment

EMPLOYER NAME: _____
ADDRESS: _____
POSITION: _____

TELEPHONE: () _____
DATES EMPLOYED:
Start Date: _____ End Date: _____
MONTH/YEAR MONTH/YEAR

PRIMARY DUTIES PERFORMED: _____

SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

EMPLOYER NAME: _____
ADDRESS: _____
POSITION: _____

TELEPHONE: () _____
DATES EMPLOYED:
Start Date: _____ End Date: _____
MONTH/YEAR MONTH/YEAR

PRIMARY DUTIES PERFORMED: _____

SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

EMPLOYER NAME: _____
ADDRESS: _____
POSITION: _____

TELEPHONE: () _____
DATES EMPLOYED:
Start Date: _____ End Date: _____
MONTH/YEAR MONTH/YEAR

PRIMARY DUTIES PERFORMED: _____

SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

PLEASE INDICATE YOUR EDUCATION AND TRAINING BACKGROUND

DO YOU HAVE A HIGH SCHOOL DIPLOMA? ☐ YES ☐ NO OR GED? ☐ YES ☐ NO

KIND OF SCHOOL	NAME OF SCHOOL	LOCATION	START DATE	END DATE	COURSES TAKEN
HIGH SCHOOL					
COLLEGE					
OTHER TRAINING					

Are there other Experiences, Skills, Volunteer Work or Qualifications, which you feel would qualify you for work with the Hoopa Valley Tribe?

LIST THREE PERSONAL REFERENCES

NAME	TITLE	COMPANY NAME/ADDRESS	Telephone	Years Known

PLEASE READ THIS CAREFULLY BEFORE SIGNING: The Tribal Employment Rights Office is **NOT** responsible for submitting your application for positions advertised through the Hoopa Valley Tribal Council's Personnel Department. If you wish to submit an application for a position being advertised, you must request a application from the Personnel Department. **Your name will only be used for TERO purposes such as referrals or advertised TERO training per the TERO Ordinance.** (I.e., your name and phone number will be referred out to employers, contractors, tribal entities and/or departments of the Hoopa Valley Tribe for temporary positions) Your application will be entered into the TERO Skills Bank based on the information listed on your employment history and/or other experiences, skills, volunteer work or qualifications you listed on your application. TERO's receipt of your application does not guarantee that you will be employed. **Indian Preference will be given under Section 7(b) of Public Law 93-638 and/or the Tribal TERO Ordinance 2-80, As Amended April 27, 1995.**

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge. I hereby grant the Tribal Employment Rights Office (TERO) and its staff to confirm by personal inquiry or otherwise, the information I have given on this employment application. I understand that any willful misrepresentation of facts given in this process is grounds for rejection of the application or dismissal if employed. I release all persons arising out of furnishing the information. I understand that if hired, such employment is conditioned upon a favorable health evaluation.

I hereby acknowledge that I have read and understand the above statement.

DATE

APPLICANT'S SIGNATURE